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ECTOPIA CORDIS, OR CARDIAC DISPLACEMENT.

[An Address read before the Suffolk District Medical Society, Boston, December 30, 1854.  
By BUCKMINSTER BROWN, M.D.]

MR. PRESIDENT AND GENTLEMEN,—Every man, I suspect, who enters the ranks of our profession, if he has in truth and earnestness his heart in the work, will be found to have more or less partiality for some one of the various fertile and tempting fields which the numerous range of subjects, opened to him by his medical acquirements, spread before his view. This individual tendency, this petting of some one tendril, of the various branches into which the great trunk of medicine and surgery divides; be it denominated microscopy or chemistry, morbid anatomy or physiology, obstetrics or surgery, auscultation or ophthalmology, possesses for him a greater attraction than all the rest. This interest may be openly avowed, or scarcely acknowledged even to himself. Yet there it is, and its existence it were vain to gainsay. Our minds were originally constituted with this very end in view, and it is by such means alone that perfection can ever be attained. It is innate, and cannot be removed or rooted up, except by a new mandate from the Great Creator. This is a tendency, the action of which may be so regulated by the well-balanced mind, that it shall not produce an unhealthy state of things. Other equally important and valuable departments of the art, will not sink into insignificance in his eyes; and a thorough appreciation of each, will not be inconsistent with partiality for a subject for which he thinks his education, his habits of thought, or his temperament, may have peculiarly fitted him. Neither to such a mind need it be inconsistent with a profound knowledge and love of the various other fields of scientific research, which his professional studies present, each rich in material of practical interest, for thoughtful study, and for industrious investigation. If, however, on the one side indulging this propensity, he were to enlarge on *that* topic before the numerous audience which so constantly come up to our Saturday evening meetings, he would run the risk of wearying their patience and of failing to engage their attention; while, on the other hand, he would himself feel that any

less than an extended and analytic view, would be doing injustice alike to his own labors, and the true merits of the subject.

It follows, therefore, that it is wisest, as a general rule, to leave these more minute investigations for the monograph or the brochure. At this time it is my intention to relate, somewhat in detail, a remarkable and rare case of considerable interest, which has come under my observation.

Instances of non-congenital cardiac displacement, *ectopia cordis*, independent of thoracic disease, are very rare. Arising from such disease within the chest, as pleuritic effusion, hydro-pneumothorax, aneurism of the aorta, emphysema, diaphragmatic hernia, tumors, and possibly hypertrophy of the heart with dilatation, they have been not unfrequently met with.

As a form of congenital malformation, it has been described by various foreign writers, French and English, and the precise position of the organ in every case recorded, has been accurately defined. Displacement of the heart to the right has been found in nearly every such instance to be coincident with a similar transposition of the other organs. Two interesting and remarkable cases, highly illustrative of this general transposition of the viscera, have been minutely recorded; one by Dr. Bryan, in the "*Transactions of the College of Physicians of Dublin*," and the other by Dr. J. M. Warren, in "*the Philadelphia Journal of Medicine and Surgery*." These instances are rare; but cases in which this displacement occurs without such a reversed condition, are still more uncommon. Breschet, however, is stated to have dissected four cases in the Foundling Hospital at Paris, in which the heart was found on the right side, and all the other thoracic and abdominal viscera in their normal position. Similar cases, amounting to three or four more, have been described by Continental pathologists. It would appear, however, that they were stillborn, or died in early infancy. Dr. Stokes, in the *Edinburgh Medical and Surgical Journal*, No. 108, relates a remarkable and interesting case of dislocation of the heart from external violence. In this case there were two ribs on the left side fractured, and three on the right side, with the right clavicle and humerus. There was emphysema of the right side of the face and chest, and paralysis of the right arm, and upon examination it was discovered that the heart was pulsating at the right side of the sternum. There were no symptoms of pleuritic inflammation of the left side. The permanent symptoms were a short, dry cough, very frequent pulse, hurried respiration, inability to lie on the left side, and from time to time inflammatory attacks, accompanied by violent pain in the right side, with great increase of palpitation and dyspnœa. The pulsations of the heart could be seen and felt in the right mammary region, between the sixth and seventh ribs, within an inch of the sternum.

The precise classification of the following case, it will not, perhaps, be easy to determine. I find no case precisely similar on record. It is interesting from this circumstance, and likewise as it

bears on some important points in pathology ; and it may be, that from a careful observation of the phenomena presented, some new physiological truths may be deduced, or some old disputed question clearly settled. If it belongs to the class of congenital displacement, it is, so far as I have ascertained, with one exception, the only instance where the subject of the malformation has survived the first few years. If it should be decided to have taken place after birth, then in a pathological point of view it contains matter of deep interest.

J. S., a lad 10 years of age, was brought to me by his mother, to obtain advice for malformation of the chest. He is of slender form, light hair, fair complexion, intelligent expression.

On examination, I found the right chest projected an inch beyond the edge of sternum, forming an abrupt ridge, and there was also a depression, or, so to speak, an excavation of a portion of two or three of the ribs on the left. Pursuing my inquiries, I was informed that the patient had never suffered pleurisy, either acute or latent, or acute rheumatism, or any affection of the thoracic viscera. He had scarlet fever when 4 years of age, and that was the only severe attack of illness his mother could remember. On auscultation of the chest, I was surprised to find the maximum of the cardiac sounds on the right side ; whereas, on placing my ear to the left of the sternum, over the normal position of the heart, its sounds were scarcely audible. On more minute examination, I discovered a complete displacement of the heart to the right side—that it was, in fact, more completely to the right of the sternum than it naturally is to the left. On percussion, the base of the heart could be defined nearly on a line with the second right rib, extending towards and slightly under the sternum, while its apex was at the intercostal space between the fifth and sixth right ribs. It appeared to extend down and to rest upon the liver. The outline of this latter organ, at the point indicated, could not be clearly ascertained, dulness being continuous from the one to the other. The liver was about two inches below its average normal position.

The size and position of the heart could be well defined anteriorly. Posteriorly, dulness extended somewhat beyond the normal dimensions. The respiratory murmur was nearly puerile on the left side, and feeble on the right.

On applying the stethoscope, the following phenomena presented themselves in succession. There was a strong aortic bellows murmur, commencing between the second and third rib on the right side, three quarters of an inch from the sternum. Following this, in the median line, the murmur gradually increased in intensity, and at the sternum amounted to a most remarkably loud blowing sound or roaring, which was heard at the upper part of the sternum and its immediate neighborhood. At the junction of the second right rib with the sternum, there was a distinct musical murmur, a cooing sound, resembling a suppressed whistle. This could be readily distinguished from the murmur before referred to, and apparently

arose from a distinct cause. Both the cardiac sounds were audible from the apex to a point near the junction of the cartilage of the second right rib with the sternum, where the first sound was completely lost. The gradual diminution of this sound could be traced from a spot corresponding with about the centre of the heart to the point indicated. A slight movement of the stethoscope in a retrograde direction, and the primary sound again became audible. The second sound was best pronounced between the third and fourth right ribs.

At a subsequent examination, a rough or sawing sound was heard at one spot during both the systole and diastole, taking the place of the bellows murmur. This point was probably directly over the aortic valves. Upon moving the ear upon the chest towards the left, the bellows murmur was again heard, and in place of the diastolic *bruit de scie* was heard the roucoulement or musical whistle, affording another proof that under certain circumstances there was regurgitation. The bellows sound was not at all times equally well-marked, and the occasion of this variation could not be clearly ascertained. It could not be traced to active exercise previous to examination producing an undue acceleration of the stream through the cardiac orifices, for there had been no unusual exertion. It probably occurs whenever the heart, becoming more embarrassed, more crowded, is forced, in order to relieve itself, into unwonted action, or perhaps from some disturbance of the circulation consequent on mental excitement. The abnormal sounds were most distinct during expiration, when the parietes of the thorax were depressed.

The state of things above described was confirmed by several examinations under different circumstances, and at various times, extending through the months of December, January and February, 1847 and '48. Drs. J. C. and J. M. Warren, J. B. Brown, Gray, Morland, and Oliver, examined the case with me, and verified the above particulars.

The constitutional symptoms at this time were, severe and constantly recurring headache, accompanied by throbbing in the temporal arteries, dyspnœa, palpitation, pain in the joints and limbs, particularly in the arms, running from the shoulder down to the wrists, dyspepsia attended by pain in the stomach after eating, cough at times accompanied by copious expectoration. There was general debility. His sleep was unnatural, broken by sudden starts, dreams, great general uneasiness, together with noisy respiration; and constantly accompanied by a suffused face and copious perspiration, so profuse as to keep his clothing wet through during the night. There was extreme nervous excitability. Pulse irregular and intermitting, eminently a jerking pulse.\* He had frequent attacks of dizziness, which would come on suddenly and deprive him of power to command his limbs and cause him to fall. On

\* Which has been said to be characteristic of regurgitation.—*Watson's Pract. Physic*, p. 603. Hope makes the same statement, on Diseases of the Heart, p. 579.



one occasion he fell down stairs from this cause. He was not exempt from these attacks even when perfectly at rest. Frequently, when sitting still, he would suddenly exclaim that the room was whirling round. He had at times pain in the left side. Blueness about the sides of the neck, throat and face, was also a prominent symptom, and a marked feebleness of the left arm.

The etiology, diagnosis and prognosis in such a case as this, are all matters of extreme interest. We would endeavor to ascertain, in the first place, when and how the displacement originated. Second, what is the situation of the various organs within the chest, which has given rise to the phenomena we have noticed? and third, what will be the probable result?

Of the early history of the case I was able to learn but little that was of importance. The mother, however, felt convinced that the deformity of the ribs had always existed to a certain extent, but within a year it had been rapidly increasing.

Among the causes to which we may ascribe displacement of the heart, effusion into the cavity of the pleura is undoubtedly the most constant. This displacement is well known to be a frequent attendant on emphysema and hydro-pneumothorax; so frequent, that it has been stated to be pathognomonic of these diseases. It may take place either to the right of the sternum, when there is effusion into the left pleura; or when the disease affects the right side, the heart may be displaced far to the left, and has been found pulsating in the left axilla. But in these cases the ectopia was always dependent upon the disease, and upon its removal the heart has again gradually or suddenly resumed its natural position.

To account, then, for the permanent displacement, we might in the first place have concluded that severe inflammation in the left chest had produced extensive thoracic adhesions, followed in course of time by the depression of the ribs which was here observed occupying the precise situation of that part of the heart which should have been to the left of the sternum. Upon this theory we might presume that during the process of absorption of the fluid the contiguous surfaces of the mediastinum, pleura-costalis and pleura-pulmonalis, were united by adhesive lymph, and thus the return of the parts to their normal position effectually prevented. Or we might suppose it to have arisen from acute pleuritis on the right side, which had terminated in consolidation of the lung with atrophy, together with a consequent hypertrophy of the left lung, or from tuberculous disease having produced nearly the same condition, by which the heart was *drawn* instead of pushed towards the right.\* In the case before us, however, neither the physical signs, nor the general preceding or present symptoms, were such as to warrant such an etiology. The respiratory murmur was nearly puerile on the left side, and comparatively feeble on the right, but it was in no part absent, or so feeble as to indicate the state of

\* See two cases in Walshe on the Heart and Lungs, American edition, p. 153.

things referred to. There was a greater extent of dulness on percussion at middle and lower back, than the simple position of the heart could well account for, allowing that it was of normal size. The compression to which the lungs were here subjected would for this afford a satisfactory explanation.

Was it, then, one of those curious instances before referred to, in which the position of all the organs was congenitally reversed: the liver, the ascending colon, &c., on the left; the heart, the stomach, the spleen, &c., on the right? This evidently was not the case. Percussion proved that these organs, with the exception of the heart, were in very nearly their natural situation.

Did the displacement, which was now for the first time discovered, occur previous or subsequent to birth? This is an interesting question, and somewhat more difficult to settle. If the position of the heart had been *simply* congenitally changed from the left to the right side of the chest, its apex would have pointed towards the right, and it would have taken its natural oblique direction upward. Whereas the apex still pointed towards the left.

Again, was it not a consequence of pressure exerted upon the organ after birth, by the parietes of the chest? This conjecture suggests what is perhaps the true history of the case.

But before we are in a condition to make this point so far clear as to fully account for the abnormal sounds, it is important for us to examine a question of more general application, and ascertain what light, if any, the case before us will throw upon the physiology of the heart's action and the evidence it offers in regard to the cause of the cardiac sounds. The phenomena observed, if carefully followed out, are perhaps capable of affording assistance in discovering their true origin, or of furnishing additional evidence in favor of some one of the existing theories. The cause of the second cardiac sound has, I apprehend, been sufficiently ascertained to render all further proof in respect to it unnecessary. But what especial action of the heart it is, which gives rise to the first sound, has not as yet been so satisfactorily settled. When we are told of a large number of remedies which are stated to be applicable to a particular disease, and when we learn that every new remedy discovered is employed for the cure of said disease, and for a short time is considered reliable, we feel well assured that the disease in question is for the most part, notwithstanding all these specifics, still incurable. So in regard to the primary cardiac sound, the numerous diverse and sometimes conflicting theories which have been given to account for its production, afford of themselves a sufficient guarantee that the true origin has yet to be discovered, or that new and reliable evidence is still requisite before the question can be definitely settled.\* In order thoroughly to examine this question,

\* "About the efficient cause of the first normal and natural sound of the heart, there is, I am afraid, a great deal still in debate. After many direct experiments, still physiologists do not agree."—*Latham's Clinical Lectures on Diseases of the Heart*, Vol. I., p. 7.

"The difficulty of unravelling the mechanism of the healthy sounds of the heart, is emphati-

it would be indispensable to enter into a discussion of the various theories of Hope, Walshe, Watson, Latham and others, which our time on the present occasion will not permit. We will now, therefore, simply inquire into the probable origin of the most prominent symptoms.

The cause of the displacement and of the accompanying physical and constitutional symptoms, was in all probability as follows. By the gradual incurvation, perhaps rachitic, of the ribs on the left, the heart had been gradually displaced behind the sternum, and finally, through the medium of the pulmonary tissue, still pressed upon by the increasing alteration in the form of the costal arch, it had been pushed far over towards the right. We may suppose that this change had occurred in the latter stages of foetal existence, or during early childhood. During the process there must unavoidably take place a considerable degree of distortion and irregularity in the course of the great vessels taking their origin in the translated organ, by which their relative size would be diminished, thus presenting a certain amount of obstruction to the current of the blood to, and from, the heart. We know that if any obstacle occurs at the commencement, or during the course of the stream by which its flow is interrupted, or its relative size is changed, the bellows murmur will be produced in tones greatly varying according to the extent and amount of impediment. Walshe, in reference to this subject, says—"Mere alteration in the direction of the current, of a kind to throw the blood obliquely against an orifice, instead of carrying it directly through, will theoretically generate murmur. Probably this plays a part in many direct valvular murmurs."\* Watson, also, very clearly illustrates the well-known law in physics by which this fact is explained. He says—"The blowing sound may be occasioned by any change which alters the due proportions between the chambers of the heart and their orifices of communication with each other and with the bloodvessels that respectively enter or leave them; it may also be occasioned by a preternatural velocity in the passage of the blood through a healthy and well-adjusted heart." Dr. Elliotson, I think it is, who has offered this apposite illustration of the phenomenon. If the arches of a bridge have a certain relation to the quantity of water in the river, and to the force of the current, the water passes through them quietly and without any noise. Diminish the size of the arches, and the water begins to go through them with an audible rushing or roaring sound. The very same thing will happen if the arches remained unchanged in size, but the quantity of water in the river, and therefore its velocity and force, be augmented by heavy rains. So it is in the heart. If one of its orifices—say the aortic orifice—be narrowed by disease or in any other way, the blood will

ally proved by the fact, that from the time of Laennec to the present day, at least twenty-nine theories have been proposed in its explanation."—*Walshe on the Heart and Lungs, American edition*, p. 187.

\* Walshe on the Heart and Lungs, American edition, p. 206.

not as before glide through it smoothly and without noise, but will yield that sound which we call a bellows sound; so also if the orifice retain its natural dimensions, but the capacity of the cavity from which the blood is driven be augmented.\*

The unnatural change of position which the heart had undergone in the case under consideration, furnished all the requisite conditions for the production of the bruit de soufflet, and we have it in its most intense degree. The musical cooing and whistling notes to which we have referred, would require an additional cause, and were perhaps attributable to some abnormal development or action of the valves.

In connection with this case, and in conclusion, we may briefly refer to other curious and extraordinary instances of cardiac displacement, in which the heart has occupied situations in various parts of the thoracic and abdominal cavities, that have been narrated by European observers. A case closely resembling that which has been above described, is related by Dr. Kennedy, of Dublin. "A respectable middle-aged woman presented herself at the Dublin General Dispensary, complaining of dyspnoea and distressing palpitations. On examination with the stethoscope, it was discovered that the heart was pulsating at the right side, and no disease could be detected in any of the thoracic viscera to account for the displacement, in addition to which the woman positively avowed that she had felt her heart beating in the same place as long as she could remember! The physician to whom we are indebted for these particulars, seemed to entertain but little doubt that the displacement in this case was congenital." A displacement has been described by Parmel in which the heart was situated in the abdomen, occupying the place of the stomach. The patient was a girl, 10 years of age. Another is related still more extraordinary, in which it was found in the place of the left kidney in a man who lived to mature years, and at last died of renal disease. Three cases are likewise detailed in which the heart was situated in the neck. In most of these cases the arrangement has been such as to afford the vessels fair play. But in those where the displacement is non-congenital, there is necessarily more or less disturbance of the heart's action before it can accommodate itself to its new position. Add to this the increased obstruction from pressure, and we find perhaps a sufficient explanation of the phenomena observed, without diagnosing severe valvular disease. Where the displacement is considerable, the consequences, independent of disease, must be most serious and detrimental; but even to these, the powers of nature are undoubtedly in time capable of adapting themselves.

*Treatment.*—The treatment recommended in this case was simply hygienic, and the use of gentle gymnastic exercises. In other words, very accurate attention to the state of the general health, to diet, atmospheric influence, and avoidance of mental labor; com-

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\* Watson's Practice of Physic, pages 591 and 592.

bined with active exertion of those muscles whose function it is to expand the chest, and thus by a gradual increase of the thoracic cavity relieve the enclosed viscera, and permit, if possible, the return of the displaced organ to its normal position.

Before concluding this paper, I should be doing injustice to my own feelings, as well as to yours, if I did not allude to the great loss which we have experienced since last we met together. One who has often at our meetings enlightened us by his practical knowledge and scientific research, whom we all highly respected as a valued professional brother, and to whom some among us were bound by the closer tie of personal intimacy and esteem, has passed away. This is not the time to speak his eulogy. That has been done by others, and a series of resolutions bearing testimony to our regard for Dr. Parkman, have been placed upon record. But a passing tribute to his memory is appropriate both to the time and the occasion.

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#### SINGULAR CASE OF AMPUTATION BY MEANS OF A FINGER RING.

[Communicated for the Boston Medical and Surgical Journal.]

THE following curious accident shows that the wearing of finger rings, "the history and poetry" of which has lately occupied the public attention, is not under all circumstances unattended by danger.

I was awakened at about 3 o'clock, a few mornings since, by a young man who said that he had lost off the little finger of his right hand. The account given was as follows:—Being a clerk in the post office, he was busy in assorting the mails. Having occasion to reach up to a high box or shelf, he stood upon a stool, and in the act of stepping down to the floor, a thin plain gold ring, upon the little finger of his right hand, caught in a sharp projecting hook used for the purpose of attaching mail bags. Being thus for a moment suspended, as it were, by the ring, it cut its way, or, as the patient expressed it, *whittled* through the integuments of the finger, and finally separated the member at the last joint, the severed portion falling upon the floor, while the ring remained suspended upon the hook. A fellow clerk immediately picking it up, very nicely adjusted it, and bound round a handkerchief. About twenty minutes elapsed before I saw the patient. There having been no hemorrhage of consequence, and finding the parts in good apposition, I was desirous of seeing what nature might effect. Accordingly I merely applied strips of adhesive plaster, and bandaged. The next day, I found the patient very comfortable, having suffered little or no pain. Still giving him the benefit of a doubt, I concluded not to interfere with the dressings. Two days after the accident, however, I ventured to take a glance at the parts, and found the finger, as might have been expected, perfectly dead. Amputation was immediately performed, with the assistance of Dr. Minot, in the continuity of the first phalanx.



On examination, I found that the ring had cut through the integuments upon the dorsal surface of the finger, commencing just below the second joint, laying bare the second phalanx throughout its entire circumference, and finally severing the last phalanx at the joint. Sufficient sound integument was obtained upon the palmar surface to form a good flap.

I wish, in this connection, to say a few words upon "the place of election" in amputation of the fingers, as regards the second and the metacarpal joint. So far as mere appearance goes, there is no question but that the amputation should be performed at the metacarpal joint, a small portion of the metacarpal bone being also removed. This proceeding does away with the unsightly appearance which the stump of a finger must always present. But if usefulness is to be taken into consideration, it will be found that even the smallest stump is of the greatest importance—as the breadth and strength of the hand is thereby preserved, a matter of no small account to the individual dependent upon manual labor.

5½ *Beacon st., Boston, Jan. 31, 1855.*

D. D. SLADE.

#### PUBLIC HYGIENE.—PAVEMENTS.

(Communicated for the Boston Medical and Surgical Journal.)

I KNOW not, Messrs. Editors, why a medical periodical should not find its articles in the street. The correction of public vices improves public health; the correction of public mistakes will often do the same. Very many of your readers have not yet forgotten the decaying blocks of wood, that used to trip their horses, dislocate their tires, and fracture their shafts. These blocks have passed away, and first to supply their place came the cubical stone block. We all remember with what delight the even surface was seen, and with what comfort to ourselves and horses we first rode over it. Some of us owned horses then. But the blocks grew smooth very soon, the calkins on the shoes wore rapidly off, *our* horses fell, our chaises broke, the city could not change the pavement to suit us, and so we sold out. Why, gentlemen, the extra business made by rapid drives to imaginary calls upon apocryphal patients don't begin to pay the repair bill. Well, the day of stone blocks was nearly done, and we feared a relapse into the old cobble stone, when our fathers in Court square heard of the cast-iron pavement. Walk or ride through Court and Howard streets, and see it. A beautiful pavement, smooth, even, almost noiseless. You never slip on it when it is wet, as you do on the stone one. Very true—but when it is very dry you do slip. Besides—stop a minute at the corner of Washington street, and notice the horses balk, when they first step on it. Those iron points are too small. They press the frog too hard. Well, you say, make the points broader. That won't do; the horse will be sure to slip then, and your vehicle's bones will rattle like those of a skeleton in armor. From what

is said by our superintendent of streets, we presume that, from State street to West, Washington street is soon to be paved with iron. As one of those who walk and chat in the highway, for the sake of my ears and my foothold, above all for the sake of those who ride, for the limbs of horses, the wheels of carriages, the necks of riders, for the sake of invalids, I trust that a trial may there be made of the Nicolson pavement. Do you know what it is? If not, go through Mason street and Exchange street, and see what has been down less than two years. Ride over the Sea street bridge—see how even that is, which was laid two years ago, and calculate the hundreds of thousands of tons that have bruised it. Ride over the Mill Dam, and see what has been down six years and a half, and you will see a pavement smoother than any other in the neighborhood; safer, because a horse cannot slip on it; quieter, because of the very nature of the material; healthier, because cleaner; equally durable, as the experiment has shown; cheap, because cheap at its first fixing, and unsurpassed for engine fuel if taken up in ten years. If you doubt what I say, step into the office of the superintendent of streets, and see the specimens.

Truly your friend, THE DISMOUNTED DOCTOR.

*Boston, Feb. 1, 1855.*

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#### ELECTRICITY AN ANTIDOTE TO THE EFFECTS OF CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Noticing in a recent number of your valuable Journal, an article on ether and its antidotes, I was reminded of a trifling incident which occurred some five or six years since, while I was employed in the telegraph office at Salem, Mass. I had been making use of some chloroform for various experiments, and left a small bottle, containing, perhaps, half an ounce or so, standing on my table. A friend came in and took up the bottle, inquiring what it contained. On being told that it was chloroform, he asked "may I smell it?" I said yes, and went on with my business, not noticing what he was doing. Presently I heard the bottle fall, and looking round saw him leaning over the table, on his elbows, still apparently smelling the bottle, which had slipped from his fingers. I found that he was in that peculiar state of intoxication which causes the subject to be much exhilarated in feeling, but not particularly choice in the use of language. I at once proposed to administer a shock of electricity, to which he assented. I caused him to take hold of the wires of the telegraph circuit with both hands, and upon breaking the circuit between his hands, his face was instantly suffused with a deep crimson dye, and the influence of the chloroform was as suddenly arrested.

Very respectfully yours,

*Boston, January 25, 1855.*

MOSES G. FARMER.

## EXCESS OF LIQUOR AMNII.

[Communicated for the Boston Medical and Surgical Journal.]

THE following brief notes will show a case very similar to the one reported by Lehlbach in the Journal for January 24th.

October 30, 1853.—Mrs. Clark, aged 25, the mother of one child, became pregnant the second time, about six months ago. She progressed with no unusual symptoms, till three weeks since, when she began to increase more rapidly in size, and to experience pain in the right side. For this constant and increasing pain, she applied to me about ten days ago; and I bled her, gave a cathartic, and afterwards anodynes, with but little benefit. The enlargement progressed, till the tumor reached the ensiform cartilage, and she looked quite as large as a person at the full term. Yesterday she experienced false labor pains all day. I examined per vaginam; found no dilatation. Practised *ballotement*, and could distinctly perceive the fœtus ascend, and, falling, feel it strike the finger with a very gentle blow, giving the impression that the child was very small. To-day true labor came on, and she gave birth to a small fœtus, followed by the discharge of as many as twelve quarts of water, and immediately the tumor collapsed. Soon after, she expelled another fœtus, same size as the first. She is now doing well.

Elmira, N. Y., Jan. 29th, 1855.

T. H. SQUIRE, M.D.

**Hospital Reports.**

*Fibro-Plastic Tumor—Operation for Removal, &c.* (Reported from the Surgical Records of the Massachusetts Gen. Hospital, by ANSON P. HOOKER, House Surgeon.)—January 27. The patient, J. B., an apparently healthy Irishwoman, unmarried, presented herself at the Hospital this A.M., having a tumor over left clavicle. She says a "small pimple" first appeared about two years ago, which did not increase in size, nor trouble her in any way till within the past five months. It then began to enlarge, but was not painful. It is now considerably larger than a goose-egg; of a conical shape, and has a lobulated appearance. The skin is thin and somewhat vascular, and at the apex is slightly ulcerated. It is firm to the touch, perfectly moveable, non-adherent to the deeper parts, and not painful on pressure, except on the inner edge where there is a congeries of veins running from its apex.

She was taken to the operating theatre, and being thoroughly etherized, the tumor was removed by Dr. Cabot. He made two elliptical incisions about four inches in length, and speedily removed the tumor with the scalpel and fingers. One artery was tied; five sutures passed, but not tied, there being some oozing; cold-water dressings were applied.

On removing the dressings in the afternoon, there was considerable hemorrhage. Two more arteries were tied, which did not show themselves at the time of the operation. The edges of the wound were drawn together by the sutures and by adhesive straps. Patient was left quite comfortable.

Jan. 30.—Patient is very comfortable.

*Microscopic Examination of the Tumor*, by B. S. SHAW, M.D.—Evidently fibro-plastic. Composed principally of free nuclei, with few cells, and presenting scarcely a trace of fibre. The cells were chiefly of the elongated and fusiform variety. The nuclei were elongated, oval, pale, and contained minute pale nucleoli. No resemblance to the minute structure of cancer.

The results of the microscopic examination made by Drs. Ellis and Cabot agreed precisely with the above.

*Neuromatous Tumor.—Removal, &c.* (Reported by ANSON HOOKER, House-surgeon, Massachusetts General Hospital.) January 27. M. C., æt. 38. The patient came into the Hospital complaining of pain in a spot on inner side of middle finger, which has been amputated about the second joint. There is a projection of skin at the painful spot. At this point there is great tenderness on pressure, and at times very great pain.

Patient was thoroughly etherized, and Dr. Cabot removed the tumor. He made two elliptical incisions, which were carried deeply into the parts, and the skin, with a portion of a white tumor, were excised; at the bottom of the incision a small white substance, of the size of half a pea, was observed, which was seized with the forceps and dissected out. Its deep portion terminated in a point like the prongs of a tooth; these were cut off at some distance from the tumor. The edges of the wound were drawn together by one suture, and the patient sent home quite comfortable.

Jan. 29th.—Patient returned to have his wound dressed; it is nearly healed.



*Microscopic Examination*, by Dr. B. S. SHAW.—Well-marked nerve tubes discovered in this specimen. It was principally a fibrous growth, and very few tubes were seen, but they certainly existed. In certain of them the internal substance is drawn out (as shown in the accompanying wood cut), presenting an appearance which cannot be mistaken.

[The cases which follow are published in connection, to illustrate the comparative merits of the two operations practised. In the case in which the abscess was opened with a trocar and canula, the amount of pus contained and evacuated was much larger than in the other, and the patient had no bad symptoms whatever; in the other case, in which incision was made, although the abscess was far less in capacity, there were very severe constitutional symptoms.—Ed.]

*Psoas Abscess.* (Reported by Mr. Hooker from the Records of the Massachusetts General Hospital).—December 6, 1853. J. R., æt. 30. Married; farmer; Ireland. Patient is a stout, hearty-looking man, weighing 185 pounds. Two years since he had a weakness in back, attended with pain which extended down his legs. There was tenderness on pressure over last spinous process of vertebral column. He can assign no cause for it. This "weakness" continued till about two months since, when he first noticed an appearance of a tumor below right Poupart's ligament on inner side of femoral vessels. After the appearance of this tumor, he had no pain in back. While in horizontal posture, tumor diminishes in size, being

smaller in morning than at night. An impulse is given to it on coughing. While lying on his back, distinct fluctuations are conveyed from tumor to his abdomen, in the iliac region. The glands of groin are slightly enlarged. The size of tumor is about that of a man's fist. After having sat for a considerable length of time, right ischiatic tuberosity troubles him, feeling sore. Right buttock is larger than its fellow. Distinct fluctuations can be felt between this side of nates and tumor on thigh.

Dec. 7th.—House diet. R. Pot. iod., 3j.; syr. sars., ʒviiij. M. 3j. t. die.

10th.—This A.M. patient was taken to the operating room, and the tumor punctured with a flat trocar and canula, suction pump applied, and pus evacuated to the amount of ʒxxxiss. Adhesive plaster over puncture.

12th.—Compresses and bandage were applied over abdomen and right buttocks, pressing pus into cavity on right thigh. Pot. iod. to 3ij. 3 t. d.

15th.—Increase pot. iod. to ʒij. 3 t. d. Bowels regular.

16th.—Tumor was again punctured by Dr. Cabot with a trocar and canula, and pus to the amount of ʒxviss. drawn off by a suction pump. The operation was a subcutaneous one, similar to that of the 10th inst.

18th.—Increase pot. iod. to ʒjv. 3 t. d.

19th.—Two issues established on each side of spine, in region of last dorsal vertebra. Bowels regular.

21st.—Reports that he has taken cold, and has some soreness in back. Tumor on thigh beginning to form again since operation of 16th.

23d.—Some febrile symptoms; tongue coated; some nausea; headache.

R. Pulv. ipecac., gr. xx.; zinci sulphatis, gr. vj. M. In R. of 7th inst. substitute dec. sarsap. for syr. sarsa.

24th.—Emetic operated once yesterday. Has some pain in tumor and nates. Apart from that, quite comfortable. Tumor was again punctured by Dr. Cabot, and ʒxxj. of pus drawn off. This operation was also a subcutaneous one. Pus mixed with blood. Liquid farinaceous diet ordered.

29th.—Some discharge of pus took place from last puncture. Apply flax-seed poultice. May have bread. Tongue somewhat coated.

January 3d.—Abscess continues to discharge some blood with pus. Issues on back nearly healed.

February 19th.—Abscess discharges some pus still.

March 3d.—Discharged, relieved.

After the first tapping, in a few days the walls of the abscess, where it appeared on the nates, became thickened and slightly tender. At the two subsequent tapplings the pus contained more blood, a great deal in last, showing in connection with the hardness some increase in vitality, or perhaps inflammation of the interior of abscess. Little or no constitutional effect followed the operations, and the cavity of the abscess appeared gradually to close up, leaving for a time quite a hard lump at the place it occupied on the buttock. When he left the Hospital the discharge had very much diminished, and the pain and soreness nearly ceased. Was able to be up and about some time before.

*Psoas Abscess.* (Reported by Mr. HOOKER from the Records of the Massachusetts General Hospital.)—January 18, 1854. E. C., æt. 23. Single; laborer; Ireland. Patient reports that it is now six months since he had some pain and soreness in lumbar region, which continued for about six weeks. Then began to have pain along right thigh; and two months since, first noticed a swelling below right Poupert's ligament, on inner side of femoral vessels. Tumor is of the size of a small hen's egg. Fluctuation can be felt. When in horizontal position, size diminishes. Has had some cough for the past two months.



January 28th.—This A.M. tumor was punctured by Dr. Cabot with a trocar and canula, and only about 3iij. of pus drawn away with the suction pump, owing to clogging of canula with curdy matter.

31st.—Incision made into abscess. Large quantity of pus with much curdy matter discharged. Wound closed by a suture, and covered with adhesive plaster.

Feb. 2d.—Feverish last night. Gave spts. eth. nit., gtt. xxx. Abscess painful; re-opened; discharged pus 3ij. Diet, gruel. R. Ol. tigllii, gt. j; ol. ricini, 3ss. M.

3d.—Experienced relief from medicine; is better.

6th.—Much discharge from abscess, wash.

25th.—Patient does not gain an appetite.

March 4th.—Diarrhœa continues. Four dejections, with pain. Some tenderness on pressure.

6th.—Diarrhœa continues.

7th.—Diarrhœa checked.

22d.—Does not gain much. Discharge from abscess undiminished.

28th.—Discharge undiminished, but functions well performed.

April 2d.—Discharge is less; opening is filling with granulations.

23d.—Can now extend leg better than for two months previous. General health pretty good. Functions well performed.

May 31st.—Walks about.

June 4th.—Discharged, relieved.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

**BOSTON, FEBRUARY 8, 1855.**

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### TO OUR READERS.

In assuming unexpectedly the duties and responsibilities of Editors of the Boston Medical and Surgical Journal, we feel that some statement of our views and intentions will be expected by the supporters of the Journal, as well as by the medical public in general. So far as the brief time at our disposal has enabled us to mature our plans, we would say, in general, that our chief aim will be to raise the character of the Journal to the level which the wants of the profession throughout the country seem to demand. It is not with the expectation of fully supplying the requirements of a high professional standard that we have undertaken the arduous labor of conducting a weekly Journal. No one can feel more sincerely than ourselves our incompetency for such a task, and we should have been unwilling to assume it but for the assurance of the co-operation of many distinguished medical gentlemen of Boston.

The first part of the Journal will consist, as heretofore, of original communications and selected papers. Our intention is to give preference to articles of practical value, such as reports of interesting and instructive cases; observations directly bearing on the study and treatment of disease, on sanitary reform, legal medicine, &c., rejecting mere theoretical discussion and personal controversy. In the second part, some changes will be introduced which, it is hoped, will add variety to the Journal, while they will enhance its value. Under a special head will be published reports of the proceedings of all the principal Medical Societies in Boston, arrangements

for which have been made with their respective Secretaries. Another department will comprise reports of the most interesting cases and operations, in the various Hospitals of this city and its vicinity. Notices of new publications, and occasionally critical analyses of valuable works, will be given. We shall also from time to time call attention to subjects of interest to the community as well as the profession, such as public hygiene, reports of epidemics, descriptions of charitable institutions, &c. Under the head of **Medical Intelligence**, we shall notice the principal topics of medical interest occurring in this country or abroad.

The Senior Editor, Dr. J. V. C. Smith, so long and favorably identified with this Journal, having been compelled by the pressure of his public duties as Mayor of the city of Boston to relinquish the chief share of the editorial department, we feel constrained to solicit the indulgence of our readers for any imperfections they may notice, assuring them that it will be our constant endeavor to render each number better than the last, and worthy of the large and constantly increasing circulation of the Journal.

WM. W. MORLAND,  
FRANCIS MINOT.

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DR. Z. B. ADAMS.

THE following notes of the case of Dr. Adams have been furnished, at our request, by Dr. Bigelow, who attended him as consulting physician in connection with Dr. Morrill.

Dr. Adams was confined to the house about two weeks with the illness of which he died. The case was one of serous effusion upon the brain, complicated with double pneumonia. The cerebral symptoms were pain and distress in the head, which after a few days gave place to a sense of general uneasiness throughout the body, alternating with intervals of entire ease. Slight convulsive movements occasionally appeared, with general hebetude and lethargic tendency, not, however, accompanied by delirium. About the middle of his disease the bladder became paralyzed and retention of urine followed. From a pint to a quart of urine was drawn off twice a-day, this quantity being more than double the amount of liquid swallowed in the same time. The profuse renal excretion continued until death, but was not, when chemically examined, of a saccharine quality. Two days before his decease, the muscles of deglutition became paralyzed, so that he was unable to swallow. The physical signs of pneumonia were discovered on the second or third day, but the rational signs were never urgent.

In the autopsy, an ounce and more of serous fluid was found between the arachnoid and pia mater, with no unusual amount in the ventricles. The right lung was partially hepatized, and the left in a state of congestion. A few ounces of effused fluid were found in the cavity of each pleura.

The cerebral compression must probably account for the facts that he had scarcely any cough or dyspnoea, and that during most of his illness the respiration was slow, generally not exceeding ten times in a minute.

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MEDICAL DEPARTMENT OF HARVARD UNIVERSITY.

THE following extract from the Report of the President of Harvard College, presented at the annual meeting of the Board of Trustees, will be read with interest.

"Important changes have taken place in the medical school. Dr. Wal-

ter Channing has resigned the professorship of Obstetrics and Medical Jurisprudence, after long and faithful service to the College; and David Humphreys Storer, M.D., has been chosen his successor. Dr. Jacob Bigelow has resigned the professorship of *Materia Medica*, and the lectureship of Clinical Medicine, both of which offices he has held for many years with distinguished ability and success. The last resignation is to take effect at the termination of the present course of lectures. The Corporation have elected Edward Hammond Clarke, M.D., to succeed Dr. Bigelow as Professor of *Materia Medica*. They have also voted that a professorship of Clinical Medicine be established in place of the present Lectureship, and chosen George Cheyne Shattuck, M.D., to be the first professor. All these proceedings of the Corporation will be laid before the Board of Overseers, that they may concur in the same, if they see fit."

The retirement of two such distinguished gentlemen as Dr. Channing and Dr. Bigelow from the Medical Faculty of Harvard College, calls for a more extended notice than our limits will at present allow. They carry with them the gratitude of a large number of our profession who have profited by their instructions, together with the best wishes of the community for health and prosperity during the remainder of their lives. We take pleasure in stating that their successors are in every way worthy of the important duties they have assumed, and capable of maintaining the distinguished success which has so long attended this school. The establishment of a chair of Clinical Medicine has been long desired, and no one could have been selected more able to fill it with success than Dr. Shattuck. We doubt not all these appointments will be confirmed by the Board of Overseers.

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### Bibliographical Notices.

*Puerperal Fever as a Private Pestilence.* By OLIVER WENDELL HOLMES, M.D., Parkman Professor of Anatomy and Physiology in Harvard University. Pp. 60. Ticknor & Fields.

The admirable Essay entitled "The Contagiousness of Puerperal Fever," read before the Boston Society for Medical Improvement, in 1843, and printed in April of that year, in the *N. E. Journal of Medicine and Surgery*, has just been most opportunely re-published, with an "Introduction" emphatically demanded. Its accomplished author tells us that "the Essay can hardly be said," previously, "to have been fully brought before the Profession." If this be so, it is time that it was re-printed, so that every medical man in the land may hold a copy. When doctrines plainly repugnant to reason, and even to the commonest perception, are promulgated from professorial chairs, we may congratulate both ourselves and the public that there is boldness and truth enough yet left to denounce such terrible teachings.

Notwithstanding its author's assertion above referred to, the Essay has been long enough known and thoroughly enough appreciated, to call forth the sincerest approbation and gratitude, and its re-appearance, at this time, awakens a new and peculiar satisfaction.

The Essay appears without any change, of phraseology even, and we are quite willing, in the words of its writer, to "leave it to take care of itself." If we do not mistake, it will "take care" of a deal of error implanted in the minds of learners, and prove an effectual antidote to a bane so widely spread.

It is especially with reference to the added "Introduction" that we intend to say a few words.

And first, we do not believe that any "practitioner," or any "more mature student," who meets with this pamphlet will think it a "trouble to follow" Dr. Holmes through it; we are sure, rather, that it will not be laid down until every word is read.

While the deductions are so clear and logical and the evidence so strong that the youngest student can understand the whole at the first reading, there is a noble, manly language used, and a beautiful tenderness of feeling manifested toward woman in her sacred relation of *mother*, which will win for these pages more than one perusal. The medical student must be a bold man, indeed, who, remembering these warning sentences, can carry out, in his future practice, the death-bearing tactics they so faithfully expose. The "Waterloo" illustration, quoted from Dr. Watson (*vide Introduction*, p. 14), is peculiarly apposite. Were it not too awful a subject for jest, this slighting of the influence of contagion would be ludicrous in the light of such demonstration.

The first feeling experienced on hearing of the deliberate visiting of parturient or puerperal patients by a practitioner "in whose hands scarcely a female for weeks past has escaped an attack" of puerperal fever, is astonishment at what must be either his ignorance or his recklessness. Which ever it be, horror at the results, so unlimited as they may prove, at once overwhelms us, and disgust at the man puts its seal upon the whole transaction.

Dr. Holmes well shows what is the physician's duty, so long as there is "any reasonable suspicion of his being the medium of transfer" of the disease: he has in fact but one course, viz., to resign his obstetric practice for a sufficient time to insure safety to such patients.

Let the medical student learn his duty first; aye, long before he explores the minutæ of science! The man who forgets his relations to humanity can never be fitly entrusted with its dearest interests! Better that he fail, forever, to attain professional success (if it be estimated by the number of his patients alone), than that he open the grave to even *one*, who is, or is to be, a mother, and who "trusts her life, doubly precious at that eventful period," to his care.

There are sentiments in this Introduction, and in the Essay itself, which do the heart good, and honor the writer more even than does his unwearied research, his close discrimination, or his far-reaching scholarship. In his own strong language of appeal, we would "entreat those who hold the keys of life and death to listen this once" to a voice which carries with it a conviction that neither rhetorical flourishes nor coarse and disrespectful insinuations can stifle.

"Persons," indeed, "are nothing in this matter"—the incompatibility of doctrines, however, so "deadly," is a subject for the solemn reflection of every physician. Who, that is a man, would wish—how can he dare—to allow even the shadow of a risk of deadly agency on his part to cross the threshold with him on an errand professedly of aid and mercy.

It is indeed a work of supererogation in us, even were it quite fitting, to eulogize what Copland and Ramsbotham and Farr, abroad, and a host of other distinguished men at home, have praised in such choice terms; we have merely desired to express our own feelings in regard to a production, the first prompting from which is to make us wish to give the author our earnest and respectful thanks; and the next, that every one who values the

honor of the profession and the happiness of the community may read and ponder what is done so well.

One remark has arrested our attention, which may claim a word of notice. On p. 20th, M. Paul Dubois is mentioned as being "cited by Dr. Meigs as a sceptic." It was our good fortune, during the winter of 1846, to see much of Professor Dubois, at one of the lying-in hospitals in Paris, to which he is attached (L'Hopital des Cliniques); and we well remember, at a morning visit, when a case of puerperal fever was declared in one of the wards, the promptitude with which he ordered the room to be cleared, not only of its patients, but of its furniture; and the unfortunate subject of the disease to be placed by herself, while no more patients were to be admitted to the Hospital until a sufficient time had elapsed to give reasonable assurance that it would be safe for them to be received. It seems to us that this had but little the appearance of scepticism as to the contagious nature of the disease, and that if M. Dubois be doubtful upon the "point at issue," he at least was wise enough to be exceedingly safe in his management.

In conclusion, we are inclined to attribute the "mental disorganization," referred to upon page 23d of Dr. Holmes's "Introduction," to the "negative" rather than to the "affirmative" side of the argument. "*Quem Deus vult perdere, prius dementat!*"

There are no better words with which to terminate our remarks upon this subject, than those of the author himself:—"Indifference will not do here; our journalists and committees have no right to take up their pages with minute anatomy and tediously-detailed cases, while it is a question whether or not the 'black-death' of child-bed is to be scattered broadcast by the agency of the mother's friend and adviser. Let the men who mould opinions look to it; if there is any voluntary blindness, any interested oversight, any culpable negligence, even, in such a matter, and the fact shall reach the public ear; the pestilence-carrier of the lying-in chamber must look to God for pardon, for man will never forgive him."

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**PAMPHLETS RECEIVED.**—Letter addressed to the Mayor and Aldermen of the City of Knoxville, Tenn., by Frank A. Ramsey, A.M., M.D., Permanent Member of the American Medical Association, &c. The object of this pamphlet appears to be to call the attention of the city authorities of Knoxville to the necessity of an improved sanitary condition of that place, as a means of preventing the invasion of cholera.—Jefferson Medical College, of Philadelphia. We have received the annual catalogue of this institution, from which it appears that the number of students attending lectures is 565; a good evidence of its flourishing condition.

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**MARRIED.**—At Utica, N. Y., Dr. A. Pierce, of Strafford, Vt., to Mrs. Caroline Hochstras-or, of the former place.—In New Haven, Conn., 31st ult., Prof. Worthington Hooker, M.D., to Miss Henrietta W., daughter of the late Gov. Edwards.—At Charlestown, 2d inst., Dr. T. J. Stevens, of C., to Mrs. Sarah A. Waterhouse, of East Boston.—At Worcester, 1st inst., E. H. Rockwood, M.D., of Enfield, Mass., to Adelia O., daughter of Ezekiel Smith, Esq., of Centredale, R. I.

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**TO CORRESPONDENTS.**—The following papers have been received:—On Climacteric Disease. An Account of the two Medical Institutions in Louisville, Ky., by Viator. (We shall be glad to publish this communication, if the author will send us his name.) On Intense Cold as an Anæsthetic. An Address delivered before the South Middlesex Medical Society.

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**Deaths in Boston for the week ending Saturday noon, Feb 3d, 68.** Males. 38—females, 30. Apoplexy, 1—consumption, 8—convulsions, 5—croup, 2—cancer, 1—diarrhoea, 1—dropsy, 3—dropsy in the head, 4—infantile diseases, 5—dyspepsia, 1—erysipelas, 1—typhus fever, 1—typhoid, 1—hooping cough, 2—disease of the heart, 5—homicide, 1—inflammation of the lungs, 9—marasmus, 3—measles, 1—mortification, 1—old age, 1—rheumatism, 1—smallpox, 3—teething, 5—thrush, 1—unknown, 1.

Under 5 years, 35—between 5 and 20 years, 6—between 20 and 40 years, 10—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 49—British Provinces, 3—Ireland, 13—England, 1—Germany, 1—unknown, 1.



Dr. John H. Griscom, of New York, estimates that the professional services rendered by physicians in the public institutions of that city, and to the poor in private, during 1853, would amount, "at the lowest market value," to \$835, 458. From this he thinks there might be deducted \$27,112 for cash, entertainment, &c., leaving \$808,346 as the amount for gratuitous services that y. r.

*Boylston Medical Society.*—This Society, the members of which are chiefly composed of students in Boston, have elected the following officers for the ensuing year. *President*, D. D. Slade, M.D.; *Vice President*, Henry K. Oliver, Jr.; *Secretary*, Calvin G. Page; *Librarian*, Charles E. Briggs.

*Transactions of the American Med. Association.*—We reprint the following letter for the benefit of those who are still unsupplied with a copy of Vol. VI. of the Amer. Med. Association's Transactions.

New York, Jan. 24, 1855.

Dear Sir;—The Committee on Publication of the American Medical Association, finding some members have not received the circular heretofore issued, and being desirous to make every effort to supply all who may wish it, with a copy of the Transactions, take this method of notifying those who have not been heard from, that the work is now ready for delivery, and can be obtained by transmitting to the Treasurer three dollars, the annual assessment agreed upon at the last meeting of the Association, held at St. Louis.

Very respectfully,

Address, No. 62 East Seventeenth St.

ISAAC WOOD, Treasurer.

*Fatal Asphyxia from Impaction of a Detached Bronchial Gland in the Larynx.*—At the Royal Medical and Chirurgical Society (May 9th), Mr. George Edwards, of Wolverhampton, detailed the following interesting case, which occurred in a child of 8 years of age, who, while at play, was suddenly seized with symptoms as of a fit. He was quickly carried home, and became violently convulsed, although retaining consciousness and the power of utterance; the countenance became extremely anxious, and he uttered the expression that he should die. In the hurry of the moment there was no opportunity of getting any distinct knowledge of the history, beyond the surmise that the boy had swallowed something. The trachea was immediately opened, a little air issued from the opening, artificial respiration was attempted, but without effect, as the child gave but two gasps after the operation, and died. The post-mortem examination revealed the presence of a foreign body touching the under surface of the epiglottis, and extending through the rima glottidis into the larynx; the substance was whitish, and covered with mucus; on a very slight examination, it was evident that the body was a bronchial gland. Upon slitting open the trachea, the spot from whence the gland had issued was soon observed; it was on the posterior part of the right side, just above the bronchial bifurcation; the opening was ragged and irregular, and communicated with a cavity behind, sufficiently large to contain a nutmeg. No other evidence of disease was observed.—*Dublin Hosp. Gazette.*

*Treatment of Rachitis.*—The following treatment for rachitis is adopted by M. Hauner, in his Children's Hospital. As external remedies he has recourse to baths (aromatic baths, with camomile, the *calamus aromaticus*, baths of bran, of tan, of malt, of sand, ferruginous baths), to frictions over the spine with common juniper, and to lotions of the *spiritus formicarum*.\* Internally he gives cod liver oil, which he regards, with M. Trousseau, as the remedy *par excellence* in this disease. He administers it in doses of from one to four drachms, never more, to children under 2 years old. In addition to this, he prescribes tonics, and especially the extract of cinchona, prepared cold, the *ferrum pomatum*, † and the aqueous and the vinous tinctures of rhubarb. He has always considered the root of the madder as destitute of any action. With M. Trousseau, he prohibits meat and vegetables as articles of diet for rachitic children, nourishing them by means of a milk diet, strengthened by some easily digested farinaceous substances. To children of 3 years and upwards he allows a moderate quantity of good beer, and even a little old generous wine.—*Revue de Therapeutique Medico-Chirurgicale.*

\* The spirit of ants is composed as follows—Ants, 1 part; Alcohol, 2 parts; distil off one part.

† The *ferrum pomatum*, more commonly known under the names of *Tinctura Martis*, *seu ferri*, *pomata*, tincture of the malate of iron, is the juice of quince after fermentation with iron filings. Quince juice, 15 parts; Iron filings, 1 part; digest for several days, evaporate to one half, and add alcohol one half part.